



STAFFORD COUNTY PUBLIC SCHOOLS

Department of Financial Services
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Wayne C. Carruthers, CPA
Assistant Superintendent
Chief Financial Officer
Department of Financial Services

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

EMPLOYER Stafford County School Board

EMPLOYER ID NUMBER 54-6001628

I hereby authorize Stafford County School Board, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking Account incidcated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Please check: **CHECKING** _____ or **SAVINGS** _____

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until EMPLOYER has received written notification from me or its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SOCIAL SECURITY NUMBER _____

DATE Please Print _____ SIGNATURE _____

POSITION _____ EFFECTIVE DATE OF CHANGE _____

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER								CHECK DIGIT
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<u>DEPOSITOR ACCOUNT TITLE</u>								
	<u>DEPOSITOR ACCOUNT NUMBER</u>								

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the abovenamed payee and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

REPRESENTATIVE'S NAME
(TYPED OR PRINTED)

SIGNATURE OF REPRESENTATIVE

TELEPHONE NO.

DATE